MDPH/LBOH Webinar 9/28/2021



Inter-agency Staff on the Webinar

- · Jana Ferguson, Assistant Commissioner, DPH
- · Sam Wong, Erica Piedade, Michael Coughlin, and Rachael Cain, Office of Local and Regional Health, DPH
- · Dr. Catherine Brown and Laurie Courtney, Bureau of Infectious Disease and Laboratory Sciences, DPH
- · Donna Quinn, Office of Preparedness and Emergency Management, DPH
- · Helene Bettencourt, Anne Gilligan, Anne Marie Stronach, Department of Elementary and Secondary Education
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- Jeff Farnsworth, Executive Office of Public Safety and Security
- Naomi Senbet and Erica Cossio, Guidehouse (supporting Massachusetts Emergency Management Agency)

Announcements:

FEMA Public Assistance Overview for LBOH Vaccination Clinics: One source funding available to eligible applicants to cover COVID-19 vaccination-related costs. Eligible applications may apply for FEMA Public Assistance by using <u>FEMA's Grants Portal System</u>. Note, not all costs may be covered—FEMA has defined reimbursable vaccination-related costs (reviewed below).



- Distribution and administration of vaccine costs
- Community vaccination sites
- · Facility support costs (i.e. leasing space, utilities, maintenance and security (for temporary facilities only))
- PPE, equipment, & supplies required for storing, handling, distributing, transporting, administering vaccines,
- · Additional medical and support staff
- Resources to support mobile COVID-19 vaccination in remote areas and/or transportation support
- Communications to disseminate public information regarding vaccinations (including translation/interpretation)
- . Training & technical assistance specific to the proper storage, handling, distribution, administration of vaccines
- IT equipment and systems for patient registration and tracking and reporting needs, vaccine-related inventory management, and/or analytics and reporting needs (if existing IT systems/processes do not currently exist)

Reporting Requirements

- · Vaccine administration must be consistent with an equitable pandemic response.
- Demographic information (this ensures higher-risk populations are being prioritized)
- · Submit information every 30 days for ongoing work: social vulnerability scores, vaccine administration strategy
- Applicants should be able to
- Explain their intended impact and actual outcomes and methods of evaluation and analysis
- . Demonstrate how the demographic information was used in the decision-making

FEMA is currently limiting all vaccine related projects to 90-day performance periods and applicants are encouraged to request reimbursement for costs incurred within 30-, 60-, 90-day (max) periods within a single application (known as a FEMA Project Worksheet or "PW"). Best practices and special considerations: Encourage communication between vaccination site stakeholders and finance or emergency management teams responsible for FEMA Public Assistance application development. Specific insurance claim requirements apply to COVID-19

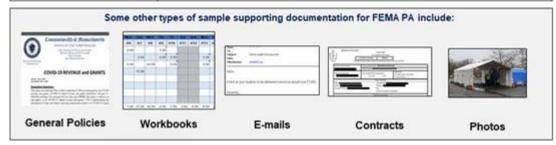
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medical expenses and vaccination-related applications. Specific equity reporting requirements have been issued by FEMA. Failure to complete these requirements may delay or reduce eligible funding.

Cost categories and typical supporting documentation:

Eligible Cost Categories	Example Documentation Required for Application
Labor	Name of employee, job function, title, type of employee Timesheets, Days and Hours worked, description of work performed and activity log Labor summaries Proof of payment and pay rate schedules Labor policies
Equipment	Type of equipment including, year, make, and model Size or capacity of equipment Hours worked, including the location and day Usage and operator Schedule of rates
Materials and Supplies	Material usage and inventory withdrawal records including the types of supplies and quantities used Purchased equipment proof of payment and invoices (such as ventilators)
Contracts	□ Invoices □ Contracts □ Proof of payment □ Bid documents



Example of vaccination specific documentation:



Motivation: Prioritizing Equitable Response

- Applicants "must focus the use of FEMA funding on the highest-risk communities and underserved populations as determined by established measures of social and economic disadvantage (e.g., the CDC Social Vulnerability Index)."
- · Failure to adhere to this policy could result in funding reductions and/or delays.



Result: Additional Data Collection & Reporting Requirements

Data Collection:

- Required: Race, Ethnicity, Disability Status
- Make "best effort" to capture equity-focused, personlevel data. Examples include:
 - Primary language
 - Sexual Orientation
 - Gender Identity
- Identify data sources, proxies, or indices to develop short-term targets for equitable vaccine delivery at Community Vaccination Centers (CVCs)

Reporting:

- Equitable Vaccination Administration Information Submission (EVAIS) to FEMA within 30 days of obligation:
 - Score for every CVC on the CDC Social Vulnerability Index (or a similar vulnerability composite index)
 - Description of how site locations relative to other locations – best advances FEMA's focus on highest-risk communities
 - Site strategy to operationalize equitable access including:
 - Community outreach and engagement
 - Registration processes that prioritize marginalized groups
 - Physical designs including transportation and accessibility considerations
 - Plan for ongoing evaluation and continuous improvement

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Additional information about the general application process can be found on MEMA's website and by emailing disaster.recovery@mass.gov

FEMA advisory released on September 20th, 2021 on booster shots. Key points to address: FEMA will continue to offer unprecedented support to state, tribal, territorial, and local vaccination efforts for activities related to the administration of COVID-19 booster shots, when authorized and recommended; under the direction of the Biden Administration, FEMA is funding 100% of eligible costs associated with COVID-19 response efforts through December 31st, 2021 which includes funding for COVID-19 booster shots; activities associated with provided boosters administered in accordance with the US Food and Drug Administration Emergency Use Authorizations are eligible for funding; planning and communication activities to prepare for booster approvals are also eligible prior to authorization; applicants seeking FEMA funding for vaccination efforts, including booster administration, are required to collect information on who is being vaccinated and provide FEMA a strategy on how they are ensuring equitable access to vaccinations.

Q: Some of our municipalities work with each other under the umbrella of another organization. So, they don't necessarily vaccinate on their own or track their own finances. Are only municipalities eligible to apply or can an umbrella organization apply on behalf of these municipalities when they're the ones who are expending resources. I.e. subset of a regional planning agency.

A: FEMA will reimburse the vaccine provider if they have the legal authority to provide the service. If there is anything in writing/agreement that says "we are the provider but this is who will be invoiced" then this should be enough. There should also be a lot of coordination between the municipal entity and the regional partner for who will submit expenses to avoid duplication of efforts.

Q: If a person enters insurance information during electronic clinic registration, but the municipality was not planning on billing insurance, is the municipality obligated to submit insurance billing to Commonwealth Medicine and then go through that process to get the FEMA reimbursement? This is a problem because Commonwealth Medicine might not reimburse within the 30-,60-,90-day timeslot.

A: Insurance collection is not a federal requirement, but if the entity starts to collect the insurance then these insurance proceeds should be netted against whatever is submitted to the federal government. Usually, when it comes to billing practices with vaccines, if there is a preexisting process in place then the applicant should follow that and if not, a new process should be established. The intention to bill is less important than the entity actually collecting the information. If the entity can bill insurance, then there is an obligation to bill insurance. FEMA has more flexibility over the timing issue but reach out with questions.

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Vaccine Updates: Pfizer-BioNTech Booster—9/24/2021 CDC recommended a



Pfizer booster for certain people who received the two-dose Pfizer COVID-19 vaccine at least 6 months ago. The following groups <u>should</u> get a booster dose of Pfizer: Adults 65+; Residents of long-term care settings; People 50-64 with <u>underlying medical conditions</u>. Booster doses might be recommended in the future for those who received Moderna or J&J when there is enough data available to inform a decision. The following groups <u>may</u> get a booster dose of Pfizer *if the personal benefits for them outweigh the personal risks*: People 18-49 with underlying medical conditions; People 18-64 who live or work somewhere that puts them at high risk of getting COVID. Shared clinical decision making. Additionally, a booster dose is recommended for those in <u>high risk occupational and institutional settings</u> and CDC has recognized this is a verbal attestation.

<u>COVID-19 Vaccine Ordering</u>: Inventory is reviewed when approving COVID orders. Sites with high inventory or expired doses, the vaccine unit will either cancel or reduce the order. Immunization Division Data Team is reaching out to sites with high volumes or expired doses. Please do not ignore their request, as it could impact COVID orders. They must report wastage and expired doses in MIIS. Report all administered doses. Sites ordering less than 1170 doses of Pfizer, 140 of Moderna, or 100 of J&J, these will be shipped to you from the State Lab or other nearby sites with extra doses. The delivery of vaccines can take longer as we work with the courier to schedule pickup and delivery.

Flu vaccine ordering: Only order the vaccine you will administer within the next two weeks. These can be placed as often as necessary and are considered a priority and may be shipped out quicker than routine vaccine orders. Ensure there is enough space in the refrigerator to store the doses. Overfilling storage units can cause temperature excursions, which can lead to vaccine loss and result in restitution. Requirements: Providers are required to report vaccines administered to the MIIS. Noncompliance may result in canceled orders. Providers are also required to upload monthly temperature logs to ensure the vaccine cold chain has been maintained.

Given a high volume of vaccine orders (COVID, Flu, and routine) coming in daily, the Vaccine Unit is behind approving vaccine orders by three days. Sites with missing temperature logs, large inventory, and/or expired doses can take longer to approve.

Q: Is there still a 15 min wait for after Pfizer booster?

A: There is a 15 or 30 min wait after every COVID-19 dose. Doesn't matter which dose it is.

Q: Can a clinic be prepared to administer boosters during 1st or 2nd dose clinics?

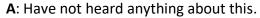
A: It is the expectation that you are following CDC recommendations and be able to provide booster shots to those eligible populations. But you will have to be very clear that boosters are for those who have had the initial PFIZER series.

Q: Can covid-19 vaccine be co-administered with flu vaccine?

A: Yes, preferably in different arms and ideally at the same time.

Q: Will there be a flu vaccine shortage based on last year's numbers?

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Q: Has Color been updated to reflect booster shots?

A: Yes.



COVID Vaccine Planning for Children 5-11 years old: Not in a place where we are rolling out vaccine for children 5-11 years old. No vaccines have been approved to administer to this age group. However, based upon the information we hear on the news and that Pfizer released last week, they suggested they have positive data around this age group. Poll during the webinar: With the idea that this is in our future, we have about 600k children in this age group in Massachusetts, do you plan to vaccinate this age group? 72% said they would provide the vaccine.

Questions answered out loud from the Q&A Chat:

Q: How to document those who get the booster shot or third dose, should this be added to existing vaccination card or be given a new card?

A: If they come in with a vaccine card, you can add it to that. If they do not have their vaccination card, they can get their vaccination record from MIIS, healthcare provider, retail pharmacy. https://www.mass.gov/info-details/requesting-a-copy-of-your-covid-19-vaccination-record

Questions not answered out loud from the Q&A Chat:

Andrew Petty - 3:03 PM

Q: Will the test and stay program be expanded to cover students outside of school. We continue to get complaints from parents as they do not see what the difference is.-

-Anne Marei Stronach - 3:10 PM

A: At this time, test & stay is limited to in-school close contacts. -

-Jana Ferguson - 3:11 PM

A: Hi - There are no current plans to expand Test and Stay outside of the school settings. The program was developed specifically to support children to be in school. -

-Julia Pingitore - 3:07 PM

Q: Good afternoon Julia Pingitore from the Paxton Board of Health - I have a question on Binax testing - can you clarify if LBOH's need to receive individual CLIA waivers or if the blanket CLIA waiver covers LBOH's for binax testing? I'm trying to use simple report for reporting results but we need to have a CLIA number to utilize it. -

-Mike Coughlin - 3:24 PM

A: Hi Julia, I emailed you information about how to get a CLIA number.

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-susan sarni - 3:29 PM

Q: Any information on when Moderna will be authorized for boosters?-

-Jana Ferguson - 3:31 PM

A: We don't have that information yet. FDA will need to review data submitted by Moderna and determine whether boosters are warranted and for whom.

-Nancy Porter - 3:31 PM

Q: What about folks between 50-64?-

-Jana Ferguson - 3:34 PM

A: They are also indicated in the group of individuals over the age of 18 with underlying medical conditions - however they are listed as "should" get a booster, rather than "may...based on individual benefits and risks" -

-Alex McCurdy - 3:32 PM

Q: Are first responders in the pool of "may" get a booster-

-Samuel Wong - 3:34 PM

A: Yes. See the list from CDC: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html#HighRisk-

Brian LaGrasse - 3:38 PM

Q: whats the official answer on getting a pfizer booster if you had moderna or J&J originally, asking for a friend-

-Samuel Wong - 3:39 PM

A: This is from CDC: The Advisory Committee on Immunization Practices (ACIP) and CDC's recommendations are bound by what the U.S. Food and Drug Administration's (FDA) authorization external icon allows. At this time, the Pfizer-BioNTech booster authorization only applies to people whose primary series was Pfizer-BioNTech vaccine. People in the recommended groups who got the Moderna or J&J/Janssen vaccine will likely need a booster shot. More data on the effectiveness and safety of Moderna and J&J/Janssen booste-

Q: Are we able to email vaccination records to people, from the Board of Health dept, or is there a way that they can get their records online from Color? We've had an influx due to travel and boosters.-

-Jana Ferguson - 3:58 PM

A: People can get a copy of their vaccination record through various channels - https://www.mass.gov/info-details/requesting-a-copy-of-your-covid-19-vaccination-record-

⁻Teresa Flynn - 3:51 PM